

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-075)**

SIPOAS-CA

10/564632

FILING DATE

APPLICANT

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51			1			
2			1				52			1			
3			1				53			1			
4			1				54			1			
5			1				55			1			
6			1				56			1			
7			1				57			1			
8			1				58			1			
9			1				59			1			
10			1				60			1			
11			1				61			1			
12			1				62			1			
13			1				63						
14			1				64						
15			1				65						
16			1				66						
17			1				67						
18			1				68						
19			1				69						
20			1				70						
21			1				71						
22			1				72						
23			1				73						
24			1				74						
25			1				75						
26			1				76						
27			1				77						
28			1				78						
29			1				79						
30			1				80						
31	1		1				81						
32			1				82						
33			1				83						
34			1				84						
35			1				85						
36			1				86						
37			1				87						
38			1				88						
39			1				89						
40			1				90						
41			1				91						
42			1				92						
43			1				93						
44			1				94						
45			1				95						
46			1				96						
47			1				97						
48			1				98						
49			1				99						
50			1				100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←	1.5	←		←
TOTAL CLAIMS							TOTAL CLAIMS			1.5			